

INDIANA STATE UNIVERSITY FACULTY/STAFF Fee Waiver Application

NAME _____ UNIVERSITY ID NUMBER _____

DEPT _____ Staff _____ Faculty _____ EXT. # _____

SUPERVISOR NAME(print please) _____ Supervisor Phone # _____

Faculty Position: Lecturer _____ Instructor _____ Asst. Professor _____ Assoc. Professor _____ Full Professor _____

The staff fee waiver program allows full-time benefits-eligible employees to pay reduced fees for up to 18 semester hours per academic year (fall, spring, and summer).

The faculty/staff member must be in a full-time, benefit eligible position on the day the semester begins to be eligible for that semester. Faculty are limited to 12 hours during the academic year.

If a faculty member holds a teaching assignment during a summer term, he/she may enroll in courses but the total activity, teaching and personal course enrollment, may not exceed six (6) hours in any summer term.

Semester/Year (check one) Fall _____ Spring _____ Summer _____ Start Date _____

Please list all classes in which you are enrolled for the above semester.

Course Title/Number Grad or Undergrad	Credit Hours	Days of Class	During work hours*	Supervisor needs to indicate how this specific course will help you in your current ISU Position Graduate Courses Only

NOTE for Graduate Courses only: Fees waived for Graduate coursework may be taxable if the fees waived are more than \$5,250 per calendar year. If so, the amount of fees waived will be added to the taxable gross income and additional withholding will be deducted from the employee's paycheck; spring withholding will be taken from the May and June checks; fall will be taken from the November and December checks. **NOTE: Your supervisor is required to indicate how this course will help you in your current position in order for the fees waived to be non-taxable.**

* ACKNOWLEDGEMENT OF POLICY**

No more than nine (9) credit hours (total of day, night, web or arranged classes) are eligible for reduced fees in any one semester. Eligible full-time employees may take no more than six (6) credit hours during the employee's work schedule with the supervisor's approval. For part time benefits-eligible employees no more than nine (9) total hours per academic year (fall, spring, and summer sessions) may be waived. I accept that my fee waiver is subject to other financial aid and shall be included in my financial aid award.

I understand that all release time from work is subject to the approval of my supervisor and the appropriate Vice President. **I agree to make up any missed work time during the same workweek per the Fee Waiver Policy in the Handbook. My signature below verifies understanding of this requirement.**

Employee Signature _____ Date _____

Supervisor and vice president signature is only required if the courses are taken during the normal work schedule.

Supervisor: Approved _____ Denied _____ Reason for Denial _____ NOTE: Time from work for classes MUST be made up – your signature verifies that time is made up during the same pay period if applicable. Faculty: Supervisor must verify summer enrollment eligibility. Signature/Title _____ Date _____ Ext. _____		
Vice President: Approved _____ Denied _____ Signature: _____ Date: _____		

Employee Benefits Approval _____ Total Hours Allowed: 18 or 9 Date to Controller: _____